2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90440 042 ***150.00

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DOCUMENT # P01000083847

1. Entity Name
ON THE PHONE, INC.

Principal Place of Business	Mailing Address
800 W CYPRESS CREEK RD, STE 470 FORT LAUDERDALE, FL 33309	800 W CYPRESS CREEK RD, STE 470 FORT LAUDERDALE, FL 33309

2. Principal Place of Business	3. Mailing Address
555 S.W. 12TH AVE.	555 S.W. 12TH AVE.
Suite, Apt. #, etc.: SUITE 120	Suite, Apt. #, etc.: SUITE 120
City & State: POMPANO BEACH, FL	City & State: POMPANO BEACH, FL
Zip: 33069 Country: USA	Zip: 33069 Country: USA

04272006 Chg-P CR2E034 (11/05)

4. FEI Number: 65-1131354 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEGEL, LARRY
800 W. CYPRESS CREEK RD., STE 470
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDST KNASTER, HOWARD 2321 DEER CREEK TRAIL DEERFIELD BCH, FL 33442	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS LEGEL, LARRY 800 W. CYPRESS CREEK RD., STE 470 FORT LAUDERDALE, FL 33309	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ HOWARD KNASTER President 4.28.6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #